

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ESAFund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		MM / DD / YYYY 09 / 17 / 2016	

Full Name of Payee <b>Axis Research, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2016	
Mailing Address 107 S. West Street PMB 148		Amount 18900.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.6890
Purpose of Expenditure research	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Kennedy, John Neely, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee <b>Mentzer Media Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2016	
Mailing Address 600 Fairmount Avenue, #306		Amount 75520.00	
City Towson	State MD	Zip Code 21286	Transaction ID : SE.6892
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Kennedy, John Neely, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94420.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

MM / DD / YYYY  
10 / 05 / 2016

Signature